



APPEALS APPLICATION

APPEAL TO:

- ☐ **Board of Supervisors**
☐ **Planning Commission**
☐ **Administrative Appeal**
(Requires deposit & Form 346)

FOR DEPARTMENT USE ONLY

Thomas Bros. Map Ref.	Code _____ Fee _____	Case or Plan File Number
Community Plan Area		
General Plan Designation		Zone

APPELLANT FILL IN BELOW THIS LINE, THIS SIDE ONLY – PLEASE PRINT OR TYPE

Site Address			Number			Street			City			Assessor's Parcel Number					
Appellant's Name/Last			First			Middle			Owner's Name/Last			First			Middle		
Mailing Address			Number			Street			Mailing Address			Number			Street		
			City			Zip						City			Zip		
Telephone																	

REQUEST: Clearly define all items requested in the appeal. Submit plans if necessary, to illustrate request.

JUSTIFICATION: Attach additional sheets if necessary.

Signature of Appellant

If Company Officer – indicate Company Name and function (*Please print*)



DPLU-125 (04/05)